

# EXPORT-IMPORT BANK OF THE UNITED STATES

## REPORT OF OVERDUE ACCOUNTS UNDER MEDIUM-TERM CREDIT INSURANCE POLICIES

Date Prepared\_\_\_\_\_

Submit this form for all amounts which are in default,  
in accordance with the terms of your policy.

POLICY #\_\_\_\_\_

<b><u>INSTRUCTIONS</u></b>  1. You should check the terms and conditions of your policy with regard to what overdue amounts must be reported.  2. You should continue to report overdues either until the amount overdue is paid or until you have filed a claim. Please read your policy to determine the claim filing deadline.  3. In general, it is your responsibility to take all reasonable measures to collect the debt, including making demand for payment upon both the buyer and any guarantor(s).  4. Any extension or rescheduling of the due date of an obligation must be approved, in advance and in writing, by the insurer.	<b>DESCRIPTION OF DEFAULT</b>	
	<b><u>BUYER NAME AND ADDRESS :</u></b> (No Abbreviations)	<b><u>Maturity Date(s) :</u></b> <b><u>No. of Days Overdue:</u></b>
		<b><u>Installment Number(s) :</u></b> _____ of _____ <b><u>Payable: M Q S A (Circle One)</u></b>
	<b><u>SHIPMENT DATE :</u></b>	<b><u>Total Principal Amount in Default</u></b>
	<b><u>PRODUCT(S) SHIPPED :</u></b>	<b><u>Total Interest Amount in Default</u></b> <b><u>as of Last Maturity Date :</u></b>
	<b><u>REASON FOR NON-PAYMENT AND WHAT ACTION TAKEN TO COLLECT</u></b>	

Name of Insured\_\_\_\_\_

Address\_\_\_\_\_

Signature\_\_\_\_\_ Title\_\_\_\_\_

Name of Assignee\_\_\_\_\_

### WHO TO CONTACT:

Please send or ask your insurance agent or broker to submit this completed form to:

**EXPORT-IMPORT BANK OF THE U.S., INSURANCE DIVISION**      **TEL (202) 565-3630**  
**811 VERMONT AVENUE, NW, WASHINGTON, DC 20571**      **FAX (202) 565-3675**